



VERMONT

AGENCY OF HUMAN SERVICES  
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection  
103 South Main Street, Ladd Hall  
Waterbury VT 05671-2306  
<http://www.dail.vermont.gov>  
Voice/TTY (802) 241-2345  
To Report Adult Abuse: (800) 564-1612  
Fax (802) 241-2358

July 20, 2011

J. Churchill Hindes, Administrator  
Visiting Nurse Association  
1110 Prim Road  
Colchester, VT 05446

Provider ID #:477000

Dear Mr. Hindes:

Enclosed is a copy of your acceptable plans of correction for the survey and complaint investigation conducted on **June 15, 2011**.

Follow-up may occur to verify that substantial compliance has been achieved and maintained.

Sincerely,

A handwritten signature in cursive script, reading "Pamela M. Cota".

Pamela M. Cota, RN  
Licensing Chief

Enclosure

PC:ne



RECEIVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  VT477000	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	DIVISION OF JUL - 5 11 Licensing and Protection	(X3) DATE SURVEY COMPLETED  C 06/15/2011
NAME OF PROVIDER OR SUPPLIER  VISITING NURSE ASSOCIATION			STREET ADDRESS, CITY, STATE, ZIP CODE 1110 PRIM ROAD COLCHESTER, VT 05446		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
H 001 SS=A	Initial Comments  An unannounced on site complaint investigation was conducted on 06/13/11 - 06/15/11 by the Division of Licensing and Protection. The following are State Designation regulatory findings.	H 001			
H 645 SS=B	6.12(a) Organization, Services and Administration  VI. Organization, Services and Administration  6.12 A home health agency shall keep a log of all complaints. The log shall include the date of the complaint, name of complainant, subject of the complaint, person assigned and the date and resolution of the complaint.  (a) The home health agency shall respond to all complaints, whether received orally or in writing, within 2 business days.  This REQUIREMENT is not met as evidenced by: Based on interview and record review, the agency failed to assure all complaints were logged and investigated in a timely manner for 2 applicable clients (Client # 1 & #2) Findings include:  1. Per record review the agency failed to document on the complaint log the name, date, person assigned, subject, and resolution of a complaint for a Choices for Care (CFC) client #2. Per record review of the complaint file for client #2's concern regarding missing money, there was an employee's "coaching for improvement report" that contained the nature of an incident but there was no signature or person assigned as to who wrote out the report. Per interview on 06/13/11 at 11:50 AM the staff nurse stated that "this might	H 645	1. The current process of completing occurrence forms and Adult Protective Services Reporting Forms will reviewed. Person responsible: Michael Garrett, Quality & Education Manager  2. All managers will be reminded about the importance of completing the various types of complaint and occurrence forms, so that they can be logged in a timely manner. Person responsible: Michael Garrett, Quality & Education Manager  3. System put in place so that an occurrence form (green sheet) will be completed for all APS Reports that involve our caregivers. Person responsible: Michael Garrett, Quality & Education Manager  4. Establish an audit system to verify the regulation is being met. Person responsible: Michael Garrett, Manager Quality & Education  <i>Doc complete 7.14.11</i> <i>S. Evans</i>	6-20-11  7-26-11  7-8-11  7-8-11	

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

TITLE Director of

(X6) DATE

TITLE Director of (X6) DATE  
Long Term Care Service 7-1-11

If continuation sheet 1 of 3

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>VT477000</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>06/15/2011</b>
NAME OF PROVIDER OR SUPPLIER  <b>VISITING NURSE ASSOCIATION</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1110 PRIM ROAD COLCHESTER, VT 05446</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
H 645	Continued From page 1  be part of the investigation but it's not an incident report". Per interview on 06/13/11 at 4:30 PM the Quality Assurance (QA) Director stated "I would expect that missing money would be filled out on the agency's occurrence form and that would be on the complaint log." S/he confirmed at that time that the missing money was not on the complaint log. 2. Per record review and interview the agency failed to document on the complaint log the name, date, person assigned, subject, and resolution of a complaint for a Choices for Care (CFC) client #1 regarding missing medication. Per interview on 06/14/11 at 10:45 AM the Site Manager stated "I made out an occurrence form and sent it to the Long Term Care Director" (LTCD), who is at another location. Per review of the records no occurrence form was found regarding client #1's missing medication report. Per interview on 06/14/11 at 2:45 PM the LTCD confirmed an occurrence form was not found in QA, complaint log nor clinical charts.	H 645			
H1410 SS=D	14.1 Clinical Records  XIV. Clinical Records  14.1 A home health agency shall maintain a clinical record containing pertinent past and current findings in accordance with accepted professional standards for every patient receiving home health services.  This REQUIREMENT is not met as evidenced by: Based on record review and confirmed through staff interview, the agency failed to document	H1410			

Division of Licensing and Protection  
STATE FORM



VISITING NURSE ASSOCIATION  
OF CHITTENDEN AND GRAND ISLE COUNTIES

RECEIVED  
Division of

JUL - 5 11

Licensing and  
Protection

June 30, 2010

Suzanne Leavitt, RN, MS  
Licensing Chief  
Division of Licensing and Protection  
Department of Disabilities, Aging and Independent Living  
Agency of Human Services  
103 South Main Street, Ladd Hall  
Waterbury, VT 05671-2306

*Home Care for Adults  
and Children*

*Long-Term Care*

*End-of-Life Care*

*Family and Children's  
Services*

*Adult Day Program*

*Wellness Services*

*Private Care*

Dear Ms. Leavitt,

Attached are our plans of correction for the Licensing and Protection compliant investigation conducted at our agency on June 15, 2011. If you have any questions or concerns, please give me a call at (802) 860-4445. Thank you.

Sincerely,

Lynne Robertson, RN  
Director, Long-Term Care Program

1110 Prim Road  
Colchester, VT  
05446

802 658-1900  
802 860-6149 Fax

[www.vnacares.org](http://www.vnacares.org)

